

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Greenlee
District of _____
Town of Morenci
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 219
County Registrar No. 48
Local Registrar No. 28

2. Full name of child Mary Rafaela Savatone
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate _____ 7. Date of birth Feb. 4, 1925 Month day year

8. FATHER
Full name Battiste Savatone
9. Residence (Usual place of abode) Morenci, Ariz.
If nonresident, give place and state _____
10. Color or race Italian
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) (State or country) Italy
13. Occupation Shift Boss in Mines
Nature of industry _____

14. MOTHER
Full maiden name Rosa Francis Vozza
15. Residence (Usual place of abode) Morenci, Ariz.
If nonresident, give place and state _____
16. Color or race Italian
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) (State or country) Morenci, Ariz.
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 p.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Signature C. J. Mungle (Physician or midwife)
Address Morenci, Ariz.
Month, day, year. _____
Filed Mar 2, 1925

Registrar.

Local Registrar. W. H. Mung
County Registrar. W. H. Mung

425-204-951